

NEBRASKA SAFETY COMMITTEE DECLARATION

The undersigned applicant hereby certifies that he/she has in place, in accordance with Nebraska law, an established safety committee which has adopted an effective written injury prevention program. Failure to comply with this law deems the applicant ineligible for workers' compensation and employers' liability insurance and may result in policy cancellation and/or payment of a civil penalty as determined by the Nebraska Department of Labor.

Nebraska Department of Labor phone number: (402) 595-3185

Signature: _____

Title: _____

Company: _____

Date: _____